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PART II

Statutory Notifications containing Rules and Orders issued by all Ministries and Divisions of the Government of Pakistan and their Attached and Subordinate Offices and the Supreme Court of Pakistan

GOVERNMENT OF PAKISTAN

MINISTRY OF HEALTH

[PAKISTAN MEDICAL AND DENTAL COUNCIL]

NOTIFICATION

Islamabad, the 26th May, 2011

S.R.O. 81(KE)/2011 :

In exercise of the powers conferred by Section 33 of the Medical and Dental Council Ordinance 1962 (XXXII of 1962), Pakistan Medical and Dental Council is pleased to make the following regulations, namely :-

PART - I

PRELIMINARY

1. Short title and commencement.—(1) These regulations may be called "The Pakistan Medical and Dental Council (Postgraduate Education) Regulations, 2011.

(2) They shall come into force at once.

(345)

Price : Rs. 30.50

2. **Definition—**(1) In these regulations, unless the context otherwise requires,-

- (a) "Ordinance" means the Medical & Dental Council Ordinance 1962 (XXXII of 1962);
- (b) "medical or dental institution " means any institution by whatever name called in which a person may undergo a course of study or training including any post graduate course of study or training which will qualify him for the award of a recognised additional medical/dental qualification;
- (c) "degree or diploma awarding institution (DAI)" means any recognized university or institution or college that has a legal charter to affiliate medical and dental postgraduate programs and accord their corresponding qualifications and are included in the PM&DC Third Schedules of the Ordinance;
- (d) "postgraduate trainee", means a student registered with the Council for training of a recognised postgraduate course; and
- (e) "PG section" means the section of the Council dealing with matters of postgraduate medical education;

(2). Words and phrases used in these regulations and not defined but defined in the Ordinance shall have the meanings respectively assigned to them in the Ordinance.

PART - II

3. **Application for opening course of postgraduate medical study.**—No Medical and Dental institution shall, without fulfilling the procedure as laid down in the Section 16 of the PM&DC Ordinance, -

- (a) open a postgraduate course of study or training which would enable a student of such course or training to qualify himself for the award of any recognized additional medical/dental qualification; or
- (b) Increase admission capacity in any postgraduate course of study or training.

4. **Instructions to the Medical and Dental Institution.**— The medical and dental institutions shall conform to these guidelines and under section 16 of the Ordinance may apply to the Council for the permission along with the permission of the affiliation granted by a DAI recognized in conformity with the Ordinance along with the documentary evidence to show additional space, equipment, faculty and other infrastructural facilities and provision of recruitment of additional staff if necessary.

5. **Submission of Application and Application Fee.-** To comply with section 16 of the Ordinance, the application as setout in Appendix I shall be submitted by registered post to the Registrar of the Council along with the information and non-refundable application fee of Rupees one hundred thousand per course in the form of demand draft in favor of Pakistan Medical & Dental Council. This fee is for registration, technical scrutiny and contingent charges.

6. **Inspection Fee.-** In addition, the normal inspection fee and the inspection fee for recognition of the course shall apply to the concerned medical and dental institution as prescribed by the Council from time to time.

7. **Qualifying Criteria:** The medical and dental institution shall qualify for opening a Postgraduate course or training if the following conditions are fulfilled namely :-

- (a) Letter of the Council recognized DAI, that permission for starting these courses in the existing medical and dental institution has been granted by the DAI to which it is affiliated; and
- (b) That the medical and dental institution has adequate faculty and infrastructural facilities like the number of staff, space, funds, time bound program to provide additional equipment and teaching beds etc, for starting these Postgraduate courses as laid down in these Regulations :

Provided that.-

- (i) selection of students for post-graduate courses shall be made strictly on the basis of academic merit and as laid down in these regulations; and
- (ii) The nomenclature of post-graduate courses and teacher-student ratio shall be as laid down in these Regulations.

8. **Receipt and Initial Processing of Application.-** Applications as setout in appendix-I for initiation or continuation or seat enhancement of postgraduate medical course(s) commencing on first day of January, will be accepted in the first half of the calendar year ending on 30th day of June. Incomplete applications will be returned by the PG section to the medical or dental institution along with their enclosures and application fee, stating the deficiencies in such applications. The PG section for its evaluation and recommendations shall initially process applications found complete in all respects. Acceptance of the applications shall under no circumstances, mean approval of the application for grant of permission.

9. **Verification.-** In evaluating the application, the PG section may seek further information, clarification or additional documents from the Medical and Dental institution as considered necessary and shall after authorization and appointment of Inspectors by the President of the Council, carry out a physical inspection to verify the information or clarification or additional documents, supplied by the medical and dental institution.

10. Evaluation by the Council.- The PG section shall, after consideration of the evaluation and inspection report, place these, with recommendations of the postgraduate committee, before the Council to determine the desirability and feasibility for opening postgraduate course of study or training at the existing Medical and Dental institution and capability to provide the necessary resources, and infrastructure.

11. Grant of Permission.- The Council may issue a Letter of Intent for opening a postgraduate course of study in the medical and dental institution with such conditions or modifications in the original proposal as may be considered necessary. The formal permission will be granted after the above conditions have been met.

12. Admission of Students.- The letter of intent shall in no way be considered permission of the Council for admission of students. The students can only be admitted after formal approval of the Council has been officially communicated to the institution and an addition to this effect in the Third Schedule of the Ordinance has been made by the Federal Government.

13. Steps.- steps for permission of the council for opening a postgraduate course of study or training including enhancement of seats of postgraduate course of study or training in a medical and dental institution is as under:-

- (a) Receipt of applications by June 30th;
- (b) Initial evaluation by PG Section ;
- (c) Verification;
- (d) Consideration by Postgraduate Committee;
- (e) Consideration by Council;
- (f) Letter of Intent /Rectification of deficiencies;
- (g) Recommendation to Federal Government for inclusion in the Third Schedule of the Ordinance;
- (h) Notification;
- (i) Letter of Permission to Institution to solicit and admit students in the recognized course(s) by October 31st; and
- (j) Registration of admitted postgraduate students with PM&DC by March 30th of the following year.

PART - III

14. General conditions for postgraduate teaching institutions.- (1) The purpose of Postgraduate medical education shall be to provide an organized educational program with guidance and supervision of the postgraduate student, facilitating the trainee's ethical, professional and personal development while ensuring safe and appropriate care for patients.

- (2) Postgraduate medical education (PGME) programs operate under the authority and control of a Teaching Institution.
- (3) A Teaching Institution shall be appropriately organized for the conduct of structured practical /clinical training program based on practice of modern medicine and current basic medical sciences. It shall must provide a scholarly environment and must be committed to excellence in both medical education and patient care.
- (4) A Teaching Institution shall ensure that its accredited programs are in substantial compliance with the rules and regulations of the Council. Its programs and facilities, the course of training and the postgraduate examinations will be required to be inspected by Council for recognition.
- (5) A teaching institution shall inform the Council well in advance as provided under regulation 13, before starting any postgraduate course leading to award of an additional medical qualification in an approved clinical or basic science discipline setout in Appendix II.
- (6) The duration of postgraduate courses shall be a minimum of one year for Level II courses, and a minimum of three years for Level III courses as tabulated below:-

Learning levels with duration and corresponding qualifications

Learning Levels	Duration	Clinical Medical or Dental Qualification	Basic Sciences Qualifications
Level - I	5-6 years	MBBS/BDS	
Level - II a	1 year after Level-I	Diploma/MPH	
Level - II b	2 years after Level-I	MCPS/M.Sc/ MSPH	M.Phil
Level - III a	3 years after Level-I	MD/MS/MDS/	M.Phil
Level - III b	Minimum of 4 years after Level-I	MD/ MS/ FCPS/MDS/ Diplomate-American boards/ other nomenclatures	FCPS/PhD/other nomenclatures
Level - IV	2 years after Level-III	Sub-specialty Fellowship	

PART - IV

15. Admission Policies and Selection.- The competent authorities and the medical professional organizations must agree upon a policy on the criteria and process for selection of trainees and must publish and implement it. Students for Postgraduate medical courses shall be selected strictly on the basis of their academic merit. For determining the academic merit, the university and institution may adopt any procedure both for Level II and Level III courses as prescribed and approved by their board of studies and postgraduate selection committees.

16. Eligibility and Selection of postgraduate students (Residents).- The Teaching Institution shall have written policies and procedures for resident recruitment and appointment and shall monitor each program for compliance. Applicants with one of the following qualifications shall be eligible for admission to postgraduate medical programs :-

- (a) Graduates of medical colleges or dental colleges in the Pakistan recognized by the Council and with a valid registration;
- (b) Graduates of medical schools or dental colleges outside Pakistan who have obtained from the Council a valid registration; and
- (c) Completion of house job at a Institution approved by the Council.

17. Selection and Registration of Postgraduate Trainee.- (1) The teaching Institution must ensure that the Council recognized programs select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. These may be evaluated by considering performance in MBBS or/and a competitive test conducted for the purpose. The Council-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

(2) All postgraduate institutions which have recognized P.G. courses, get their postgraduate students registered by the Council and where after the obtained qualifications of these students shall be registered by the Council.

18. Migration or Transfer of Postgraduate Trainee from one Medical and Dental institution to another.- Migration or transfer of students undergoing any postgraduate course, degree or diploma shall not be permitted by any university or any authority without prior permission of the Council.

19. Number of Postgraduate Trainees.- (1) The number of trainees shall be proportionate to the clinical or practical training opportunities, supervisory capacity and other resources available in order to ensure training and teaching of adequate quality. The institution's Postgraduate Medical Education Committee (PGMEC) may determine this, but in general one student shall be

allowed to each teacher per year. The Programme Director may not appoint more residents than approved by the PGMEC, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of residents appointed to the program.

- (2) Generally, holders of Level III qualifications are able to supervise and train level II and III programmes. Residents must be distributed across different levels of the programme. Level III qualification holders should supervise residents across different stages of the residency and up to the equivalent of one resident per year, Head of Unit or programme or a Professor may supervise up to two residents per year.

20. Support and Counseling of Trainees.- (1) The competent authorities must, in collaboration with the profession, ensure that a system for support, counseling and career guidance of trainees is available.

- (2) Counseling shall be provided based on monitoring the progress in training and incidents reports.

21. Working Conditions.- (1) Postgraduate training in the chosen field of medicine and must involve participation in all medical activities - including on-call duties - relevant for the training, thereby devoting professional activities to practical training and theoretical learning throughout standard working time. The service conditions and responsibilities of trainees shall be defined and made known to all parties.

- (2) Duty hours, including all clinical and academic activities related to the program must be limited to eighty hours per week including in-house on-call activities. In-house call must occur no more frequently than every third night with ten hour rest period provided between all daily duty periods and after in-house call.
- (3) All postgraduate training shall be carried out in appropriately remunerated posts and stipendiary positions. Private institutions shall pay remuneration to their postgraduates at par with the remuneration being paid to the Postgraduate trainees of Government medical institutions. In the event that an institution charges a fee from the students in situations where the student is not contributing to the working of the institution or the hospital, they shall certify this to Council with the concurrence of the student before the start of the training of the student.

22. Trainee Representation.- There must be a policy on trainee representation and appropriate participation in the design and evaluation of the training program, the working conditions and in other matters relevant to the trainees.

23. Staffing Policy.- (1) The Council shall only recognize as postgraduate teachers those faculty members who have five years teaching experience of

which at least three years must be after gaining postgraduate qualification in the relevant specialty.

- (2) In each training institution, the ratio between the number of recognised trainers and the number of trainees should ensure close personal interaction and monitoring of the trainee with a minimum of 3 full time faculty of the relevant specialty for each training unit (Professor, Associate and Assistant/Senior Registrar).
- (3) The policy on appointment of trainers, supervisors and teachers must specify the expertise required and their responsibilities and duties. The policy must specify the duties of the training staff and specifically the balance between educational and service functions and other duties.

24. Obligations and Development of Trainers.- (1) Instructional activities must be included as responsibilities in the work-schedules of trainers and their relationship to work-schedules of trainees must be described.

- (2) At each participating site the faculty must devote sufficient time to the educational programme to fulfill their supervisory and teaching responsibilities and to demonstrate a strong interest in the education of residents and developing defined competencies.
- (3) The participating sites must ensure that there are adequate opportunities for faculty development, including activities to assist faculty in teaching, and mentoring trainees.
- (4) Meritorious academic activities should be recognised and rewarded by promotions or remuneration or both as the case may be.

PART - V

25. Training Process.- (1) Postgraduate medical training must follow a systematic training programme, which describes generic and discipline-specific components of training. The training must be practice - based involving the personal participation of the trainee in the services and responsibilities of patient care activities in the training institutions. The training programme must encompass integrated practical and theoretical instruction with an organized programme of rotations and other educational experiences.

- (2) Every trainee shall have access to educational counseling.
- (3) The programme shall provide all the components of training outlined in the specialty documents developed by relevant professional authority and reflecting a structured training programme. These documents would be followed by the trainees and guide the examiners of the certifying bodies and inspectors of the Council.

- (4) The programme must be organized in such a way that the residents are given increasing professional responsibility, under appropriate supervision, according to their level of training, ability, and experience.
- (5) The trainees would be full time and must have documented attendance in excess of seventy five percent for each year of training programme, under appropriate staff supervision; each resident must assume the role of a senior resident.
- (6) Service responsibilities, including rotation assignments and on-call duties, must be assigned in a manner, which ensures that residents are able to attain their educational objectives. The training activities must be documented in a log book including surgical records and verified by the supervisor. Service demands must not interfere with the ability of the residents to follow the academic program.
- (7) The programme must provide an equal opportunity to each resident to take advantage of those elements of the programme best able to meet his or her educational needs.
- (8) The programme should provide an adequate opportunity for residents to pursue elective educational experiences.
- (9) Components of the programme which are compulsory and those that are optional must be clearly stated along with clear definition of goals and expected task-based outcomes.
- (10) Teaching and learning must take place in environments, which promote resident's safety and are free of intimidation, harassment and abuse.
- (11) All degree awarding institutions shall provide opportunity for the candidates to discontinue studies for valid reasons like health, family problems and financial reasons and then join back the program, but in no case the duration of off the program cannot exceed one calendar year.
- (12) Candidates shall not be allowed to enroll in two training programs of university and CPSP of the same or different specialties at the same time and to take examination of both institutions

26. Scientific Method.- (1) The trainee must achieve knowledge of the scientific basis and methods of the chosen field of medicine and become familiar with evidence-based medicine and critical clinical decision- making. The trainee should have formal teaching about critical appraisal of literature, scientific data and evidence-based medicine, and be exposed to research.

- (2) The programme must ensure that there are effective teaching programmes in the critical appraisal of medical literature using knowledge of research methodology and biostatistics.

- (3) The programme must promote development of skills in self-assessment and self-directed life-long learning.

The programme must ensure that residents are able to conduct a scholarly project and write a dissertation.

- (4) Residents should be encouraged to participate in research during the course of the residency programme. Acceptable research projects may include:-

- (a) analysis of a contemporary clinical problem, involving human subjects, using acceptable statistical methods as required, the results of which are reported at local or national meetings and are eligible for publication in scientific journals; or
- (b) supervised participation in an ongoing project in experimental medicine;
- (c) quality assurance study of contemporary practice; and
- (d) study in medical education.

- (5) The programme must provide opportunities and support for residents to attend conferences outside their own university.

27. Training Content.- The training process must include the practical clinical work and relevant theory of the basic biomedical, clinical, behavioural and social sciences; clinical decision-making; communication skills, medical ethics, public health policy, medical jurisprudence and managerial disciplines required to demonstrate professional practice in the chosen field of medicine.

28. Extramural Training.- (1) Where a program has more than one campus, the role of each site used by the programme must be clearly defined. There must be an overall plan, which specifies how each component of the programme is delivered by the participating sites.

- (2) Accredited programmes may make formal arrangements to send postgraduate trainees to experience each others programmes for an appropriate, prescribed period of training.
- (3) When a trainee gains experience in another country, and if such experience is recognized by the official national organization/bodies of that country, the student may apply to PG Committee of Council to transfer that experience with certificate of the DAI in Pakistan that the experience under consideration fulfill the given requirements of the program. The decision of the PMDC Postgraduate Committee in this regard will be final
- (4) Programs may be encouraged to arrange placement of all trainees in a rural health centre, such as a district headquarter hospital, for a

period of three months during the course of their study/training and such placements may be mandatory in the event of a national health crises. Such rural health service would be recognized as regular training.

29. The Relationship Between Training and Service: (1) The apprenticeship nature of professional development must be described and respected. The integration between training and service, on-the-job training shall be assured with both exposure to both practice and theory by didactic learning sessions and supervised patient care experiences.

- (2) The training provided should be complementary and not subordinated to service demands.

PART - VI

30. Training Settings and Educational Resources.- (1) The training locations must be recognized by the Council and must have sufficient clinical and practical facilities to support the delivery of training/education

- (2) For clinical disciplines, the training locations must have a sufficient number of patients and an appropriate case-mix to meet training objectives. There must be a minimum of 10 beds for each trainee per year for Level II and III each, adequate outpatient load and emergency services. The training must expose the trainee to a broad range of experience in the chosen field of medicine with increasing level of management responsibility for both inpatient and outpatient (ambulatory) care and on-duty activity. Participation in clinical seminars, journal clubs, and clinic pathological conferences must be complemented with training in the relevant basic sciences and related specialties.
- (3) For basic sciences, the departments offering courses in the basic medical sciences should have suitably equipped laboratories and a schedule of lectures, seminars, journal clubs and group discussions. There must be participation by the students in experimental work and they should be involved in research projects. There must have exposure to the applied aspects of the discipline relevant to medical practice.

31. Physical Facilities and Equipment.- (1) Commitment to Postgraduate medical education (PGME) is exhibited by the provision of leadership, organizational structure, and resources to enable the institution to meet its goals and objectives for PGME.

- (2) Provision of an ethical, professional, and educational environment in which the curricular requirements as well as the applicable requirements for scholarly activity and the general competencies defined for postgraduate trainees can be met.

- (3) This commitment includes regular assessment of the quality of the PGME programmes, the performance of the residents, and the use of outcome assessment results for program improvement.
- (4) The institution must commit to provide the necessary educational, financial, and human resources to support PGME.
- (5) There must be an organized administrative system at the teaching institution to oversee all PGME programmes. A Postgraduate Medical Education Committee (PGMEC) would be constituted, that has the responsibility for monitoring and advising on all aspects of postgraduate medical education. The administrative system / committee should include appropriate programme directors, administrators, the accountable head of postgraduate medical education, and may include other members of the faculty. The institutional PGME Committee will include representation from all PGME programmes. Each PGME programme in turn constitute a departmental or programme PGME committees, which include the programme director or coordinator and the trainees. The Departmental PGME committee is required to meet regularly, and oversee all aspects of PGME of that particular programme.
- (6) The trainee must have space and opportunities for practical and theoretical study including lecture halls, tutorial rooms, and laboratories for training of practical techniques, libraries, information technology equipment, and recreational facilities where these are appropriate.
- (7) The clinical training must include experience in working as a team with colleagues and other health professionals so as to allow learning in a multi-disciplinary team.

32. Quality Assurance.- The teaching institutions must have mechanisms in place for self-assessment of its postgraduate training programmes for ensuring and improving the quality of the programmes. The postgraduate trainees should participate in appropriate components of the institution's performance improvement programme.

PART - VII

33. Evaluation of training process.-The Postgraduate Education Committee of the Council in collaboration with the professional associations will establish a mechanism for evaluation of the training programme that monitors the training process, facilities and progress of the trainee, and ensures that concerns are identified and addressed. Frameworks for regular evaluation of Trainees, Trainers and Programmes will be established and the process institutionalized as an integral part of the quality assurance of the training.

34. Internal Review.- The PGMEC of the teaching institution must develop, implement, and oversee an internal review process as follows:-

- (a) An internal review committee(s) for each program must include at least one faculty member and at least one resident from within the teaching institution but not from within PGME program being reviewed. Additional internal or external reviewers may be included on the internal review committee as determined by the PGMEC. Administrators from outside the program may also be included; and
- (b) Internal reviews must be documented in the PGMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

35. Feedback from Trainers and Trainees.- (1) Feedback about program quality from both trainers and trainees must be systematically sought, analyzed and acted upon.

- (2) Trainers and trainees should be actively involved in planning program evaluation and in using its results for program development.

36. Using Trainee Performance for Training Outcome.- The performance of trainees must be evaluated in relationship to the training program and the mission of postgraduate medical education. The certifying authorities must, in consultation with the medical professional organizations, define the competencies, which must be achieved by trainees as a result of the training programs. Measures of competencies achieved by trainees should be used as feedback for program development.

37. Authorisation and Monitoring of Training Settings.- (1) All training programs must be authorized by a competent authority based on well-defined criteria and programme evaluation, to grant or, if deemed appropriate, withdraw, recognition of training settings or training courses altogether.

- (2) The Council shall establish a system to monitor training settings and other educational facilities via site visits or other relevant means. Such an "external review" would be necessary for Accreditation of the Programmes/Institutions commissioned by Council in a cycle to be repeated every five (5) years.

38. Evaluation of the Program Faculty.- The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

PART - VIII

39. Assessment of Trainees.- Postgraduate medical training must include a process of assessment, and the program and certifying authorities must define and state the methods used for assessment of trainees, including the criteria for passing examinations or other types of assessment. Apart from end-of-course examinations, assessment must emphasize formative in-training methods and constructive feedback. There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

40. Feedback to Trainees.- Constructive feedback on the performance of the trainee must be given on an ongoing basis and an acceptable standard of performance explicitly specified and conveyed to both trainees and supervisors.

41. Examinations: (1) A certificate of satisfactory completion of the laid down training programme by the Supervising Professor/Consultant will be mandatory for the eligibility to sit for Level II /Level III course examinations.

- (2) The certifying bodies would conduct examinations for grant of additional postgraduate qualifications based on the expected knowledge, skills and competencies documented by the competent authority. The Level II and III qualifications would be granted on the submission and acceptance of a thesis/dissertation, followed by an examination consisting of a written, a clinical/practical (depending on clinical/basic sciences) and an oral component.
- (3) No person shall be appointed as an examiner in any subject unless he fulfils the minimum requirements for recognition as a Post Graduate teacher as laid down by the Council and has teaching experience of 5 (five) years as a Lecturer / Asstt. Professor out of which he has not less than 3 (three) years teaching experience after obtaining Post Graduate degree. External examiners shall have minimum two years experience of conducting examinations for Post Graduate diploma in the concerned subject. Of internal examiners, one examiner shall be a professor or Head of Department.
- (4) The DAI shall conduct not more than two examinations in a year, for any subject, with an interval of not less than five months and not more than seven months between the two examinations. A third examination shall not be approved or acceptable by Council under any circumstance.
- (5) There shall be at least four examiners in each subject at an examination out of which at least three shall be external examiners, invited from another recognized DAI, provided that in exceptional circumstances examinations may be held with three examiners if two of them are external and the Council is intimated with the justification of such examination. The same set of examiners shall ordinarily be responsible for the written, practical and oral part of examination

- (6) An external examiner may ordinarily be appointed for not more than three years consecutively. Thereafter he may be reappointed after an interval of two years.
- (7) The examiner(s) responsible for paper setting shall be as appointed by the DAI/University and shall have the minimum qualifications of an examiner as laid down by the PM&DC.

PART - IX

42. Governance.- (1) Training must be conducted in accordance with regulations concerning structure, content, process and outcome issued by PMD&C. Completion of training must be documented by degrees, diplomas, or other evidence of formal qualifications conferred as the basis for formal recognition as a competent medical doctor in the chosen field of medicine by the designated authorities. The Postgraduate Committee of PM&DC would continually assess training programmes, training institutions and trainers and thus be responsible for ensuring programmes for quality training.

- (2) The Council would only accredit those residency programmes that are run under the direction of a Pakistani university/medical institution. There must be in place a university structure suitable for the conduct of postgraduate residency programmes.

43. Professional Leadership.- The responsibilities of the professional leadership for the postgraduate medical training programme must be clearly stated. There must be a senior faculty member, designated as Postgraduate Director or an Assistant or Associate Dean and appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the faculty.

44. Funding and Resource Allocation.- (1) There must be a clear line of responsibility and authority for budgeting of training resources. There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the programme to achieve the educational objectives and receive full training as defined by the specialty training requirements in the specialty or subspecialty.

- (2) In those cases where an institution/university has sufficient resources to provide most of the training in the specialty or subspecialty but lacks one or more essential elements, the programme may still be accredited provided that a formal inter-university arrangement has been made to send residents to another accredited residency programme for periods of appropriate prescribed training.

45. All orders made, proceedings taken and acts done under the previous Council decisions shall deem to be and always to have been validly made or done.

APPENDIX- I

(See regulation 6)

FORMAT OF APPLICATION FOR RECOGNITION OF A POST GRADUATE PROGRAM AND INSTITUTION OR A TRAINING SITE FOR AN ADDITIONAL MEDICAL OR DENTAL QUALIFICATION UNDER THE SECTION 16 OF THE PM&DC ORDINANCE 1962 OR ENHANCEMENT OF ADMISSIONS IN AN ALREADY RECOGNISED COURSE

Particulars of the applicant:

Application for opening: FCPS/MD/MS/M. Phil/MSPH/MPH/Diploma/Course in

1. Name of the applicant (in block letters)
2. Address (in block letters)
3. Registered Office (complete address., street, city, telephone, telex, telefax No).
4. Constitution (university/postgraduate institution/Medical/dental colleges etc.).
5. Name of affiliating university
6. No. of seats already approved and date of Recognition by PM&DC: (if applicable as in cases applying for increase in seats)

Signature of authorized person
Name and designation of medical and dental institution/
university/postgraduate institution.

List of Enclosures

1. Program information Form (PIF Form, see appendix III)
2. Attested copy of the Consent of Affiliation issued by a PM&DC recognized University or DAI.
3. Attested copy of the letter from Pakistan Medical & Dental Council according approval of already approved postgraduate course(s) if any.
4. Documentary proof of approval of the postgraduate course(s) of study by the Board of Studies of the University.
5. Prospectuses and course curriculum of the postgraduate course.
6. Faculty list certified by PM&DC alongwith copies of all faculty registration certificates issued by PM&DC
7. Completed check-list of institutional requirements for postgraduate medical course of study.

Note: All the copies shall be attested by the Principal/dean of the applying institution.

APPENDIX - II
[See regulation 14(5)]

**LIST OF CLINICAL SUBJECTS APPROVED FOR POSTGRADUATE
STUDIES BY PM&DC**

1. Anesthesia
2. Cardiology
3. Community Medicine
4. Clinical Chemical Pathology
5. Clinical Hematology
6. Clinical Pharmacology & Therapeutics
7. Dermatology
8. Diagnostic Radiology
9. Family Medicine
10. Gastroenterology*
11. General Surgery*
12. Medicine*
13. Nephrology*
14. Neurology*
15. Neurosurgery*
16. Nuclear Medicine
17. Obstetrics and Gynecology
18. Operative Dentistry*
19. Ophthalmology
20. Oral Surgery*
21. Orthodontics*
22. Orthopedic Surgery*
23. Otorhinolaryngology (ENT)
24. Pediatrics
25. Pediatric Surgery*
26. Physical Medicine & Rehabilitation
27. Plastic Surgery*
28. Prosthodontics*
29. Psychiatry
30. Pulmonology*
31. Radiotherapy*
32. Thoracic Surgery*
33. Urology*
34. Any new specialty Program that is approved by PMDC

Note : Subjects carrying the sign asterix shall be allowed for Level III and shall not be allowed for Level II

**LIST OF BASIC SUBJECTS APPROVED FOR POSTGRADUATE STUDIES
BY PM&DC**

1. Anatomy
2. Biochemistry
3. Chemical Pathology
4. Clinical Oncology
5. Community Medicine
6. Forensic Medicine
7. Hematology
8. Public and Preventive Health Education
9. Histopathology
10. Microbiology
11. Medical Education
12. Occupational/Industrial Health
13. School /Children Health
14. Public Health
15. Diet & Nutrition
16. Dental & Oral Health
17. Health of Pregnant Women
18. Injury and Accident Prevention
19. Pharmacology
20. Physiology
21. Public Health

Any other specialty that is dually approved by PMDC.

APPENDIX III
(See Appendix I)

PROGRAM INFORMATION FORM (PM&DC PIF FORM)

(to be filled by the institution and submitted to PM&DC)

For use by

- 1- Postgraduate institutions seeking recognition
- 2- Postgraduate institutions seeking continuation of recognition
- 3- Postgraduate institutions seeking increase in seats in the program
- 4- for internal (peer) review of the program

Part-A

Institutional Information

A). General Information

1. Name of Institution:
2. Name of Affiliating University/DAI.
3. Title of Programs to be inspected
 - (1).....
 - (2).....
 - (3).....
 - (4).....
 - (5).....
4. Particulars of Head of the Institution (Director/Dean/Principal whosoever is head)
 - (1) Name:
 - (2) Age :
 - (3) PG Degree
 - a. University
 - b. Institution
 - c. Year
 - (4) Total teaching experience (give details)
5. Particulars of Program Director/Head Of Department of the program to be inspected (please fill in Appendix III)
 - (1) Name:
 - (2) Age :
 - (3) PG Degree
 - a. University
 - b. Institution
 - c. Year

(4) Total teaching experience(give details)

6. Previous inspection of the department by PM&DC, if any:-

(1) Date

(2) Purpose, (for starting/increase of seats/ for recognition).

(3) Deficiencies pointed out, if any.

7. Purpose of present inspection:

(1) Starting of training for Degree/diploma/both.

(2) Increase in seats...Degree/Diploma/both.

(3) Recognition /approval of degree/diploma/ both.

8 Date of permission of PM&DC for Degree/ Diploma/ both

(1) Annual intake Sanctioned by PM&DC for degree/ diploma/both

(2) Date of first admission for Degree/diploma/both

9. Mode of selection (actual or proposed) as the case may be) of students.

10. yearwise number of students admitted and available PG teachers during the last five years. (Applicable only in already recognized programs only)

Year	Names of students admitted		Names of recognized teachers against whom the students were admitted.
	Degree	Diploma	

PART B

Program features and Institutional facilities and policies:

1. Overall educational goals for the program
2. Written competency-based goals and objectives for each assignment, at each educational level
3. List of each participating site for the program along with their assignments.
4. Relevant program policies, including:
 - (1) policies for student/resident appointment, eligibility, selection, and promotion
 - (2) policies for supervision of student/residents
 - (3) policies and procedures for student study hours / resident duty hours and the working/ study environment
5. Policy regarding involvement of students/residents in jobs that give them additional financial benefit.
6. Institutional policy for remediation and dismissal of residents/students, including due process
7. Documentation of resident/ students evaluations according to the Portfolio, including:
 - (1) A blank copy of the forms used for evaluating residents /trainees/ students at the end of rotation or similar educational experience.
 - (2) A blank copy of the form used to document the semiannual evaluation of the resident/student with feedback.
 - (3) A blank copy of the final (summative) evaluation for each resident/student that documents the resident's performance during the final period of education and verifies that the resident/student has demonstrated sufficient competence to enter practice without direct supervision.
 - (3) A blank copy of the form that residents /trainees/ student will use to evaluate the faculty.
 - (3) A blank copy of the form that residents /trainees students will use to evaluate the program.

8. Physician/ Faculty Roster.- List alphabetically and by site/Unit/ department all physician faculty involved in training and education of resident/students. Using the form provided below, supply a one page CV for each faculty listed.

Name with PM&DC Registration Number	Qualification With date of its registration	Department	PM&D Faculty registration number	PM&DC Experience Certificate Level of appointment

9. Program Resources

- (5) How will the program ensure that faculty has sufficient time to supervise and teach student/residents? Please mention time spent in activities such as conferences, rounds, journal clubs, etc. if relevant.

--

- (5) Briefly describe the educational and clinical resources available for student/ resident education.

[The answer must include how specialty specific reference materials are accessible. It should also include resources provided by the program and the institution.]

--

10. Resident Appointment.-

Positions per year	
Total Number of applicants	

11. Describe how residents /trainees/students will be informed about their assignments and duties during study/ residency.

[The answer must confirm that there are goals and objectives for each assignment and for each year, and that these will be readily available (hard copy, electronically, listserv, etc.) to all students/residents.]

--

12. Will there be other learners (such as residents /trainees/ students from other specialties, subspecialty fellows, nurse practitioners, PhD /MS/MD/MDS students) in the program, sharing educational or clinical resources and experiences with the students/residents? If yes, describe the impact those other learners will have on the program's residents/ students.

13. Describe how the program will handle complaints or concerns the residents /trainees/ students raise. (The answer must describe the mechanism by which individual residents /trainees/ student can address concerns in a confidential and protected manner as well as steps taken to minimize fear of intimidation or retaliation.)

14. Evaluation (residents, faculty, program)

- (ii) Will residents /trainees/ students be evaluated on their performance following each learning experience?
() YES () NO

If no, explain

- (ii) Will these evaluations be documented (in written or electronic format)? () YES () NO

If no, explain

- (ii) Following types of evaluators are proposed to be involved for evaluation:

self, program director, faculty supervisor, medical student, faculty member, evaluation committee, consultants.

Following six elements of Portfolio are to be evaluated.

Competency	Assessment Method(s)	Evaluator(s)
Patient Care		
Medical Knowledge		
Practice-based learning & Improvement		
Interpersonal & Communication Skills		
Professionalism		
Systems-based Practice		

- (ii) Describe how evaluators will be educated to use the assessment methods listed above so that residents /trainees/ students are evaluated fairly and consistently.

Limit your response to 400 words.

- (iii) Describe how residents /trainees/ students will be informed of the performance criteria on which they will be evaluated.

Limit your response to 400 words.

- (vi) Describe the system that ensures that faculty will complete written evaluations of residents /trainees/ students in a timely manner following each rotation or educational experience.

Limit your response to 400 words.

- (vii) Describe the process that will be used to complete and document written semiannual resident/ student evaluations, including the mechanism for reviewing results of the evaluation (e.g., who meets with the residents /trainees/ students and how the results are documented in resident files).

Limit your response to 400 words.

- (viii) Describe the system that residents /trainees/ students will use to provide annual confidential written evaluations of the teaching faculty. [The answer must include evaluations at least once per year, the steps taken to maintain confidentiality, and the process by which evaluations are sought.]

Limit your response to 400 words.

- (xi) Describe the system that the program (or department, if applicable) will use to provide evaluation and feedback to the teaching faculty.

Limit your response to 400 words.

- (x) Describe the approach that will be used for program evaluation, including how the program will ensure that residents /trainees/ students provide confidential written evaluation of the program once in the program.

Limit your response to 400 words.

--

- (xi) Resident Duty Hours/student training hours/clinical training hours

what is the projected average number of hours on duty/ study per week per resident?	
---	--

What is the projected average number of days per week of in-house call (excluding home call and night float) which residents /trainees/ students will be assigned?	
--	--

- (xii) How will the faculty provide appropriate supervision of residents / trainees/ students in patient care activities?

--

- (xiii) How will the program ensure that faculty/ residents /trainees/ students comply with the duty/study hour standards? Please be specific as regards the duty hour weekly limit, time spent on-call, days free each week, length of duty shifts, periods of rest between duty shifts, and moonlighting policies, as applicable.

--

- (xiv) How will the program ensure that residents /trainees/ students recognize the signs of fatigue and sleep deprivation? What are the mechanisms for relief? Is the faculty which has performed night call expected to perform duty next morning? etc

--

- (xv) How will the program ensure that students/resident education is not adversely affected by heavy service obligations?

--

15. Faculty/Students/Residents' Scholarly Activities

Will the program offer faculty/residents /trainees/ students the opportunity to participate in scholarly activities? If yes, briefly describe the opportunity and the expectations about faculty/residents /trainees/ students' participation. [The answer must include which research skills are taught in the curriculum.]

16. Patient Care

- (1) Provide a brief description of resident opportunities to gain experience in the diagnosis and management of each of the important skills of the training.

- (2) How does the program ensure that faculty/residents /trainees/ students are provided with the opportunity to develop competence in the pre-admission care, hospital care, operative care, and follow up care (including rehabilitation) of patients? Include a description of the opportunities for faculty/residents /trainees/ students to participate in all aspects of care of the same patient.

- (3) How does the program ensure that residents /trainees/ students receive adequate experience in no operative/non-procedural outpatient diagnosis and care, including all anatomic areas and patients of all age groups? Provide a description of opportunities for residents /trainees/ students to be involved in all aspects of outpatient care of the same patient.

- (4) How does the program ensure that each week residents /trainees/ students have at least one-half day (2 half-days is recommended) of outpatient clinical experience in physician offices or hospital clinics with a minimum of 10 patients per session on all clinical rotations?

- (5) Briefly describe the manner in which residents /trainees/ students are (a) supervised and (b) given the opportunity to assume increasing responsibilities in each of the following patient care settings: outpatient, inpatient, operative, and emergency.

17. Medical Knowledge

- (1) Describe student/resident education in the basic medical sciences, including comment on each of the following:

- a) Describe the basic science program and the manner in which the basic sciences are integrated with other aspects of a student/resident's experience.

- b) Identify the time (hours per week, weeks per month, or months per year), free of clinical responsibilities, that is provided to each student/resident for basic science instruction and study separately.

- c) Describe the facilities and resources (including space, equipment, support personnel, funding) that are utilized for student/resident education in the basic sciences.

- (2) How does the program ensure that residents /trainees/ students are adequately instructed in the different areas of the program.

- (3) Describe the program conference schedule, including comment on the levels of teaching staff participation and resident attendance. Include a list of the program conferences that were held last year and describe related educational activities such as special courses/ journal clubs/ clinical pathology conferences/ morbidity conferences.

- (4) Describe the manner in which residents /trainees/ students are instructed in basic clinical skills.

18. Practice-based learning and Improvement

- (1) Describe one learning activity in which faculty/residents /trainees/ students will engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; identify and perform appropriate learning activities to achieve self-identified goals (life-long learning).

Limit your response to 400 words.

- (2) Describe one learning activity in which faculty/residents /trainees/ students will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. The description should include:

- a) locating information
- b) using information technology
- c) appraising information
- d) assimilating evidence information (from scientific studies)
- e) applying information to patient care

Limit your response to 400 words.

- (3) Describe one planned quality improvement activity or project in which at least one student/resident will participate that will require the resident to demonstrate an ability to analyze, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that will guide this process.

Limit your response to 400 words.

- (4) Describe how residents /trainees/ students will:

- a) develop teaching skills necessary to educate patients, families, students, and other residents;
- b) teach patients, families, and others; and,
- c) receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.)

Limit your response to 400 words.

19. Interpersonal and Communication Skills

- (1) Describe one learning activity in which residents /trainees/ students will develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with other physicians, other health professionals, and health related agencies.

Limit your response to 400 words.

- (2) Describe one learning activity in which residents /trainees/ students will develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities.

Limit your response to 400 words.

- (3) Explain (a) how the completion of comprehensive, timely and legible medical records will be monitored and evaluated, and (b) the mechanism that will be used for providing residents /trainees/ students feedback on their ability to maintain medical records.

Limit your response to 400 words.

- (4) Describe one learning activity in which Faculty/ residents /trainees/ students is taught how to handle an out patient. It shall start with greeting of the patient and various dialogue exchanges and every possible scenerio so that Faculty/ residents /trainees/ students are made apt to satisfy the patient and ensure that it was a pleasant interaction, keeping in mind that the patient only comes to the hospital when he has a problem.

Limit your response to 400 words.

20. Professionalism

- (1) Describe one learning activity, other than lecture, by which residents/trainees/ students will develop a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Limit your response to 400 words.

- (2) How will the program promote professional behavior by the residents/trainees/ students and faculty?

Limit your response to 400 words.

- (3) How will lapses in these behaviors be addressed?

Limit your response to 400 words.

21. System-Based Practice

1. Describe the learning activities through which residents /trainees/ students will achieve competence in the elements of systems-based practice. Examples of such activities would include: work effectively in various health care delivery settings and systems, coordinate patient care within the health care system; incorporate considerations of cost-containment and risk-benefit analysis in patient care; advocate for quality patient care and optimal patient care systems; and work in inter professional teams to enhance patient safety and care quality.

Limit your response to 400 words.

2. Describe an activity that will provide experiential learning in identifying system errors.

Limit your response to 400 words.

22 Finance

1. Annual Plan and Non-plan budget.
2. Annual Plan and Non-plan budget allotted and utilized in the last three years.
3. How much funding has been provide/generated for research during the last two years ?
4. Statement of Salary paid to the faculty staff during the last three years.

23. Publications

How many papers have been published by a Department in indexed journals ?

24. Sanctioned annual intake for UG by PM&DC.

25. Departments running PG courses and their sanctioned intake by PM&DC:

.....
.....

26. Teaching Staff statement (department wise) for Under Graduate:

Designation	Staff required as per PM&DC Criteria	Staff available	Deficient staff
Professor			
Associate Professor/Reader			
Assistant. Professor / Lecturer.			
Tutor/ Demonstrator/S.R.			

Note : All teachers, supervisors and trainers shall submit Part F along with this form and provide a copy to PM&DC of their PM&DC registration certificate, PM&DC Faculty Registration certificate and PM&DC experience certificate.

27. Department - wise bed strength in the Hospital(s) owned and managed by the Institute.

.....
.....
.....
.....
.....

28. Average daily patients attendance

- (1) OPD: _____
- (2) Average Bed occupancy rate. _____
- (3) Year-wise average daily patient attendance (during previous three years).

Year I (20)	Year II (20)	Year III (20)

29. Central Library:

- (1) Total No. of Books.
- (2) Purchase of latest editions in last 3 years.
- (3) Journals:
- (4) Pakistani:
- (5) Foreign:
- (6) Year/month upto which Pakistani Journals available
- (7) Year/ month upto which Foreign journals available.
- (8) Internet /e library/ Photocopy facilities available/ not available.
- (9) Library opening/ closing timings:
- (10) Reading facility out of route library hours
- (11) Library staff.
- (12) Air Conditioned or not

30. Lecture theatres (give type and seating capacity of each) Air Conditioned or not:

.....

.....

.....

.....

31. Do you have biomedical technicians for your equipments, if so how many.

32. Hostel facilities:

(1) Accommodation (No. of rooms) available

(a) For U.G. students

(b) For Interns

(c) For P.G. students

(2) For P.G. students Air Conditioned or not for

(a) For U.G. students

(b) For Interns

(c) For P.G. students

33. Residential staff quarters: Number (Category wise)

.....
.....
.....

34. Institutional academic Council (Constitution).

35. Institutional PG Committee (Constitution).

36. Institutional Ethical Committee (Constitution)

37. Medical Education Department (Constitution).

(Specify number of meetings of these bodies held annually and minutes thereof)

38. Department of Illustration/Photography (Artist, Modeller, or Photographer)

39. Emergency/ Casualty Department

(1) Available Space

(2) No. of beds

(3) Equipment(s)

(4) Available staff (Medical/Paramedical)

(5) No. of cases (Average daily attendance of patients).

(6) Investigative facilities available (round the clock).

(7) Facilities available

(8) Air Conditioned or not

40. Blood bank

- (1) Valid License : Yes/No
- (2) No. of blood units available:
- (3) Average blood units consumed daily:
- (4) Facilities of blood components available: Yes/No
- (5) Nature of Blood storage facilities (Whether as per specifications).
Yes/No
- (6) All blood Units tested for Hepatitis C,B,HIV: Yes/No

41. Central Laboratory

- (1) Controlling Department.
- (2) Working Hours.
- (3) Investigative work load.

42. Central Research Lab.

- (1) Whether there is any Central Research Lab.
- (2) Administrative Control
- (3) Staff
- (4) Equipment Workload.

43. Investigative facilities (Approx. number of investigations done daily)

- (1) Radiology
 - (a) Plain X-rays:
 - (b) CT Scan;.....
 - (c) MR Scan.....
 - (d) Mammography.....
 - (e) Barium Studies/IVP.....
 - (f) Ultra-sonography.....
 - (g) Others.

- (2) Radiotherapy
- (3) Pathology
 - (a) Haematology.....
 - (b) Histopathology.....
 - (c) FNAC
 - (d) Cytology.....
- (4) Microbiology
 - (a) Bacteriology.....
 - (b) Serology.....
 - (c) Mycology.....
 - (d) Parasitology.....
 - (e) Virology.....
 - (f) Immunology.....
- (5) Biochemistry
 - (a) Blood Chemistry.....
 - (b) Endocrinology.....
 - (c) Other fluids.....

44. Operation Theatres:

- (1) AC/Non AC
- (2) Numbers:
- (3) Equipment(s)
- (4) Pre-Anesthetic Clinic
- (5) Post-anaesthetic care area.
- (6) Resuscitation arrangement adequate/ inadequate
- (7) ICU
- (8) Pain Clinic
- (9) Total Anesthesia staff
- (10) Average No. of cases operated daily
 - (a) Major.....
 - (b) Minor.....

45. Central Supply of Oxygen/Suction: Available/ Not available.
46. Central Sterilization Department : Adequate/ Not adequate
47. Laundry:
- (a) Manual/ Mechanical.
 - (b) Service: Adequate/Inadequate.
48. Kitchen
- (1) Available/ Not available
 - (2) Cooking by Gas/Wood
49. Incinerator
- (1) Available/ Not available
 - (2) Functional/ not functional
 - (3) Capacity
50. Generator Facility:
- (1) Available/ Not available.
 - (2) Capacity:
51. Medical Record Section: Computerized/ Not computerized.
52. Animal House
- (1) Available/ not available
 - (2) Adequate / inadequate.
53. Central Biomed Workshop/Technician:
- (1) Available/not available
 - (2) adequate / inadequate.
54. Recreational facilities:
- (1) Play grounds.
 - (2) Gymnasium
 - (3) Auditorium

PART (C)

Departmental Information

General Departmental facilities:

55. Consultant/ faculty room sizes and equipment ,Air Conditioned or not
56. Total no. of beds in the department.
57. No. of Units in the department.
58. Unit wise teaching staff (Annexed)
59. Bed strength
60. Unit wise teaching Staff: (All teaching staff shall individually fill and complete Part F and that will be submitted alongwith this application)

S. No.	Designation	Name with Date of Birth and PM&DC reg. No.	Nature of employment permanent contract.	PG QUALIFICATION			Experience Date wise teaching experience with designation and Institution					Recognition status as PG teacher in affiliated University
				Subject with Year of Passing	Institution	University	Designation	Institution	From	To	Period	

61. Total number of recognized teachers in the unit :
NOTE all supervisors and trainers to fill out and attach Part F of this form.
62. Number of faculty members changed during the last one year.....and whether NOC of migration was obtained from PM&DC or not.
63. Other Ancillary staff required as per PM&DC norms.
 - (1) Epidemiologist
 - (2) Statistician
 - (3) Child Psychologist
 - (4) Psychiatric Social Worker
 - (5) Speech Therapist

64. Available Clinical Material:

- (1) Average daily OPD.
- (2) Average daily IPD.
- (3) Average daily bed occupancy rate:
- (4) Average daily operations: Major Minor
- (5) Average daily deliveries: Normal (vaginal) Operative(Caesarians).
- (6) Year-wise available clinical materials (during previous three years).
- (7) Whether these figures are commensurate with the number of investigations and blood units consumed daily. Yes/No

65. Intensive Care facilities

- (1) ICU
 - (a) No. of beds
 - (b) Equipment
 - (c) Average bed occupancy
- (2) ICCU
 - (a) No. of beds
 - (b) Equipment
 - (c) Average bed occupancy
- (3) NICU
 - (a) No. of Beds
 - (b) Equipment
 - (c) Average bed occupancy
- (4) PICU
 - (a) No. of beds
 - (b) Equipment
 - (c) Average bed occupancy
- (5) Dialysis
 - (a) No. of beds

66. Average bed occupancy

67. Specialty clinics and services

.....

.....

.....

68. Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

Audiovisual Aids: Adequate / Inadequate.

69. Departmental Library:

- (1) Total No. of Books.
- (2) Purchase of latest editions in last 3 years.

70. Departmental Museum (Wherever applicable).

- (1) Space:
- (2) No. of specimens
- (3) Charts/ Diagrams.

71. Departmental Research Lab.

- (1) Space
- (2) Equipment
- (3) No. of publications from the department during the last three years.
 - (a) Indexed.....
 - (b) Non-indexed.....

72. Working Ward Side lab.

- (1) Space
- (2) Facilities
- (3) Departmental Technicians

- (4) OPD Space:
- (a) No. of rooms
 - (b) Patient Exam. arrangement: Adequate/ Inadequate
 - (c) Teaching Space Adequate / Inadequate
 - (d) Waiting area for patients. Adequate / Inadequate
- (5) Indoor Space: Adequate / Inadequate
- (a) Office Accommodation:
 - (b) Departmental Office Space
 - (c) Staff (Steno /Clerk).
- (6) Computer/ Typewriter:
73. Office Space for Teaching Faculty (Air conditioned or not):
- (1) HOD
 - (2) Professor
 - (3) Assoc. Prof./ Reader
 - (4) Lecturer/ Asstt. Professor
 - (5) Resident duty room

74. Equipments:

List of important equipments as per PM&DC criteria available and their functional status.

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.....

.....

.....

.....

Part D

TEACHING/TRAINING PROGRAM

75. Prescribed rules/mode of admission to the Course.
76. Academic Activities, please mention the frequency with which each activity is planned.
- (1) Case presentation.
 - (2) Journal Club.
 - (3) Grand Round
 - (4) Seminar
 - (5) Subject Review
 - (6) Death Review meeting
 - (7) Clinical Pathological conference
 - (8) Lectures (separately held for postgraduate students)
 - (9) Guest lectures
 - (10) Video film
77. Log book of students: Maintained/ Not maintained.
78. Whether PG students participate in UG teaching or not ?
79. Thesis / Dissertation:
- (1) Last date by which thesis plan is to be submitted.
 - (2) Authority who evaluates and accepts thesis plan.
 - (3) Last date by which thesis is to be submitted for evaluation.
 - (4) Thesis examiners: Whether same set of examiners who come for final clinical/practical examination or different set of examiners for thesis.

PART-E

Enumerate all departments available other than the department being inspected. Also give details of faculty and facilities available in each department.

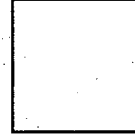
PART- F

Declaration Form From The Faculty/Trainer/Supervisor

(1) .Dr.
Name.....

Recent Passport size photo
Signed by Dean/Principal of the college.

Photograph



(2) Date of Birth and Age

PM&DC Registration	Qualification	College	Year of qualification	University	PM&DC Faculty Registration number	Level as per PM&DC Experience certificate
	MBBS					
	MD/MS					
	FCPS					

Attach Copies of PM&DC Registration Certificate, PM&DC Faculty Registration Certificate, PM&DC Experience Certificate, MBBS and/or PG degrees.

(3) Present Designation:

.....

(4) Department:

.....

(5) College:

.....

(6) City:

(7) Nature of appointment: Permanent/Temporary/Adhoc/Contract.

(8) Residential Address :

.....

.....

(9) Attached Copy of CNIC.

(10) Phone and Fax Number With Code

(a) Office: _____

(b) Residence _____

(11) E-mail address: _____

(12) Date of joining present institution: _____ as _____

(13) Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Tutor/Demonstrator Registrar/senior Registrar				
Assistant Professor				
Associate Professor				
Professor				

14.

(1) Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (relieving order is enclosed from the previous institution).

(2) I am not working in any other medical college/dental college in the Province or outside the Province in any capacity full-time/part-time.

(3) I draw annual and monthly emoluments from this college as under:-
(Copy of my form income tax return for financial year is attached)

Declaration

I have not worked at any other medical college/institution or presented myself at any inspection in the current academic year.

It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action by the PM&DC (including removal of his name from Pakistan Medical and Dental Council Register).

Signature

Date:

Place:

Endorsement

This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by

The Dean/Principal

Date:

Place:

(No. F. 3-25/2008-MER).

DR. ARSHAD KARIM CHANDIO,
Deputy Director General (MER).